

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/9/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/25</i>
FORMALITY REVIEW	<i>ERW</i>	<i>70623</i>	<i>8-26-00</i>
RESPONSE FORMALITY REVIEW			<i>10-10-00</i>

# INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 (Through' meral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/17/02
2	✓	✓	2/17/02
3	✓	✓	2/17/02
4	✓	✓	2/17/02
5	✓	✓	2/17/02
6	✓	✓	2/17/02
7	✓	✓	2/17/02
8	✓	✓	2/17/02
9	✓	✓	2/17/02
10	✓	✓	2/17/02
11	✓	✓	2/17/02
12	✓	✓	2/17/02
13	✓	✓	2/17/02
14	✓	✓	2/17/02
15	✓	✓	2/17/02
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18	✓	✓	2/17/02
19	✓	✓	2/17/02
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28	✓	✓	2/17/02
29	✓	✓	2/17/02
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45	✓	✓	2/17/02
46	✓	✓	2/17/02
47	✓	✓	2/17/02
48	✓	✓	2/17/02
49	✓	✓	2/17/02
50	✓	✓	2/17/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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